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Filing Date Application Number MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Applicant(s) Substitute for Form PTO-1360 (For use with Form PTO/SB/06) May be used for additional claims or amendments 6-8-05 CLAIMS AFTER FIRST AFTER SECOND 8-05. **AMENDMENT** AMENDMENT Depend Indep Depend Indep Indep Depend Indep Depend Indep Depend Depend Indep .25 Total Total Indep Indep Total Total Depend Depend Total Total Claims

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Claims

10) 77/622 MULTIPLE DEPENDENT CLADM FEE CALCULATION SHEET (NOR USE WITE FORM 170-8%) z THE TOTAL STATE OF THE STATE OF AS FILED 45/04 DEP. OEP. Œ, STD. DET. 3 0 0 63 65 • 67 • . 60 11_ 5. 17^{*} 97: 20 \$9 32 72 31. 25 76 18 80 H 85 36 8.8 40 96 96 96 91 -48 89 190 107AL 107AL 45 45 47 48 49 . 照4 2 2 30